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APR 24 2006

HUBR-1183.1-Div
IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s) : Haberbosch, et al.
Serial No. : 10/655,225
Filed : September 4, 2003
For : 3-DEAZAADENOSIE PREVENTS ATHEROSCLEROSIS
AND GRAFT VASCULOPATHY
Art Unit : 1615
Examiner : Carlos A. Azpuru

April 24, 2006

This is to certify that this correspondence is being sent by facsimile to 1-571-273-8300 addressed to:
Commissioner for Patents, P. O. Box 1450, Alexandria, Va. 22313-1450 on the date shown below

Eileen Sheffield 4/24/06
Eileen Sheffield

Commissioner for Patents
P. O. Box 1450
Alexandria, Va. 22313-1450

RULE 111 AMENDMENT

Sir:

Responsive to the Office Action mailed January 24, 2006, please amend the above-identified patent application as follows:

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REMARKS

Entry of this amendment and reconsideration of this application, as amended, is respectfully requested.

The indication of allowable subject matter is gratefully acknowledged.

Claims 21, 22, 32, 34, 38 and 40 were rejected under 35 U.S.C. §112, first paragraph for allegedly failing to enable claims directed to prevention of the conditions recited in the claims. A signed declaration of the inventor will be submitted that provides data and evidence to overcome this rejection.

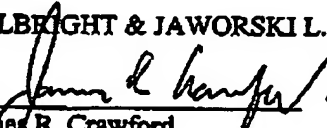
Claim 21 and 22 were rejected under 35 U.S.C. §112, first paragraph, for allegedly failing to comply with the written description requirement. It is believed that the amendment to claim 21 overcomes this rejections.

A favorable response is respectfully requested.

If any fees are, authorization is given to charge deposit account no. 50-0624.

Respectfully submitted,

FULBRIGHT & JAWORSKI L.L.P.

By 
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PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10655225

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	8	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	8 minus 20 =	0
INDEPENDENT CLAIMS	3 minus 3 =	0
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	8	20	
Independent	3	3	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

SMALL ENTITY TYPE ☐ OR

OTHER THAN SMALL ENTITY

RATE	FEE	OR	RATE	FEE
BASIC FEE	385.00	OR	BASIC FEE	770.00
X\$ 9=		OR	X\$18=	
X43=		OR	X86=	
+145=		OR	+290=	
TOTAL	385	OR	TOTAL	

SMALL ENTITY OR

OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE	OR	RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	
X43=		OR	X86=	
+145=		OR	+290=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE	OR	RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	
X43=		OR	X86=	
+145=		OR	+290=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE	OR	RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	
X43=		OR	X86=	
+145=		OR	+290=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

10/25/05

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	20	20	
Independent	1	3	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

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	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	24	20	4
Independent	2	3	0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.